# MULTIPLE DEPENDENT CLAIM
# FEE CALCULATION SHEET
## (FOR USE WITH FORM PTO-875)

SERIAL NO. 1 0 / 5 5 5 8 0 2

FILING DATE

APPLICANT(S)

## CLAIMS

| | AS FILED IND. | AS FILED DEP. | AFTER 1st AMENDMENT IND. | AFTER 1st AMENDMENT DEP. | AFTER 2nd AMENDMENT IND. | AFTER 2nd AMENDMENT DEP. |
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| 1 | 1 | | | | | |
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| TOTAL IND. | 1 | | | | | |
| TOTAL DEP. | 19 | | | | | |
| TOTAL CLAIMS | 20 | | | | | |

| | AS FILED IND. | AS FILED DEP. | AFTER 1st AMENDMENT IND. | AFTER 1st AMENDMENT DEP. | AFTER 2nd AMENDMENT IND. | AFTER 2nd AMENDMENT DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

PTO-1360 (REV. 11/04)